

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37091**

FILED DEC 4 1948
Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **JASPER**
(b) City or town **JOPLIN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1106 West 6th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Always** years, months or days

3. (a) PRINT FULL NAME **FRED EDMONDSON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LELA EDMONDSON** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JANUARY 17 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 9 29 hr. _____ min.

9. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Building Contractor**

11. Industry or business **Self**

MOTHER FATHER { 12. Name **No Record** 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Etta** 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Lela Edmondson**

(b) Address **1106 W. 6th. Street, Joplin**

17. (a) **Burial** (b) Date thereof **11-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Park, Joplin.**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo**

19. (a) **11-24-48** (Date received local registrar) (b) **Ed J. Jones** (Signature of registrar)
138-0 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** 49
(c) City or town **Joplin** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **1106 W. 6th. St** 5
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**
year **1948** hour **8:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov 11, 1948**
_____, 19____, to **Nov 16, 1948**, 19____;
that I last saw h. **im** alive on **Nov 16, 1948**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary with posterior infarction** Duration _____

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **M**
While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **PR Mager** (D. or other) _____
Date signed **11/17/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
2
5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.